

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: CIRCUIT-BREAKER

Attorney Docket Number:: 004501-741

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 5

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	German
Status::	Full Capacity
Given Name::	Max
Middle Name::	
Family Name::	CLAESSENS
Name Suffix::	
City of Residence::	Gebenstorf
State or Province of Residence::	
Country of Residence::	Switzerland
Street of Mailing Address::	Riedwiesstrasse 31
City of Mailing Address::	Gebenstorf
State or Province of Mailing Address::	
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	CH-5412
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Switzerland
Status::	Full Capacity
Given Name::	Stephan
Middle Name::	
Family Name::	GROB
Name Suffix::	
City of Residence::	Baden
State or Province of Residence::	
Country of Residence::	Switzerland
Street of Mailing Address::	Meierhofstrasse 8
City of Mailing Address::	Baden

State or Province of Mailing Address:: Switzerland  
Country of Mailing Address:: Switzerland  
Postal or Zip Code of Mailing Address:: CH-5400  
Address::  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: China  
Status:: Full Capacity  
Given Name:: Xiangyang  
Middle Name::  
Family Name:: YE  
Name Suffix::  
City of Residence:: Künten  
State or Province of Residence::  
Country of Residence:: Switzerland  
Street of Mailing Address:: Hauptstrasse 15B  
City of Mailing Address:: Künten  
State or Province of Mailing Address::  
Country of Mailing Address:: Switzerland  
Postal or Zip Code of Mailing Address:: CH-5444  
Address::

### **Correspondence Information**

Correspondence Customer Number:: 21839  
Phone Number:: (703) 836-6620  
Fax Number:: (703) 836-2021

### **Representative Information**

Representative Customer Number:: 21839

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Europe	02405825.7	09/24/02	Yes

**Assignee Information**

Assignee Name:: ABB Schweiz AG  
Street of Mailing Address:: Brown Boveri Strasse 6  
City of Mailing Address:: Baden  
State or Province of Mailing Address::  
Country of Mailing Address:: Switzerland  
Postal or Zip Code of Mailing Address:: CH-5400